

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 143  
Registered No. 571

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3021 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Claudio Silva  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 15 - 1928  
Month Day Year

**8. FATHER**  
Full name Juan Silva  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mex. 11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Jalisco, Mex.  
(State or country) \_\_\_\_\_  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Andrea Ybarra  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mex. 17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Jalisco, Mex.  
(State or country) \_\_\_\_\_  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. Physician  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Jan 11, 1929 Registrar Re. E. J. J. J.

321-1215-181